BeamLine Operations and Safety Awareness (BLOSA) Checklist

Beamline XX-XX

Rev. 6/1/2003

Visitors shall not use this BLOSA form - use the Visitor/Escort form at each entrance to the Experimental Floor. This BLOSA form is only for those individuals who will work on the beamline. They must have already completed NSLS access training (including GERT/LS Rad Module and NSLS Safety Module) and obtained a radiation badge (TLD).

| Co | nfirm that Each Use | <u>er:</u> | | | | | | |
|---|--|---|----------------------|----------------|--------------|-------------------------------|-------|--|
| [] | [] Checked in at User Administration OR has valid BNL ID Badge encoded for experimental floor access | | | | | | | |
| [] | | NSLS Safety Training and NSLS Radiological Access Modules OR training is current | | | | | | |
| [] | Obtained a radiation | on (TLD) badge from either NSLS User Administration or the NSLS Control Room | | | | | | |
| [] | Understands they m | erstands they must wear THEIR OWN radiation badge at all times while on the Experimental Floor. | | | | | | |
| Em | nergency and Facili | ty Safety | | | | | | |
| [] | | | | | | | | |
| ij | | Coordinator assistance: see instructions posted on hutch | | | | | | |
| | | cuate by nearest safe exit and meet on grass outside Main Entrance of Bldg. 725 | | | | | | |
| ij | | | | | | | | |
| Intermittent Siren — Evacuate site immediately; apartment residents go to Berkner Hall | | | | | | | | |
| [] | Mearest exits, route identification and walkdown [] Eye wash/shower station locations | | | | | | | |
| ij | | | | | | Fire Alarm Pull Station local | tions | |
| [] Greenboard safety | | | | | | | | |
| B۵ | amline Safety | | | | | | | |
| Beamline Safety personnel are: (beamline management, indicate Safety contacts here with tel. numbers) | | | | | | | | |
| | | | | | | | | |
| [] | | | | | | | | |
| [] | | | | | | | | |
| | | | | | | | | |
| LJ | radiation hazards | and postings | | | | | | |
| Beamline Operation | | | | | | | | |
| [] | · | | | | | | | |
| [] | | | | [] | | | | |
| | | | | | | | | |
| Fx | perimental Procedu | ires | | | | | | |
| | [] Gas use, fill and storage procedures [] Cryogens fill station and demonstrate use | | | | | | | |
| | Chemical use, labeling and storage [] Waste Removal | | | | | | | |
| | Satellite Accumulation Area [] 90 Day Storage Area | | | | | | | |
| | | | | | | | | |
| LJ | 1 23. J. Harris Harris and damage cleanap. | | | | | | | |
| | | | | | | | | |
| Ιu | nderstand the instr | ructions give | n to me on beamline | operations a | and safety a | wareness. | | |
| | | Date | PRINT User Name | | Guest # | Signature | | |
| NSI | LS Policy: | Date | 1 Kilvi Osei Ivaille | | Guest # | Jigilature | | |
| | ch user must be | | | | | | | |
| | ructed in the safe | | | | | | | |
| | eration of this beamline. Eruction is valid for a | | | | | | | |
| | ximum of two years. | | | | | | | |
| Bea | amline staff shall keep | | | | | | | |
| read | dily available all relevant | | | | | | | |
| | ructions and safety | | | | | | | |
| | ature. DITIONAL TRAINING | | | | | | | |
| | or FORMAL WORK | | | | | | | |
| PLANNING may be required for lead handling | | DESIGNATED BLOSA TRAINERS for this beamline: | | | | Trainer's Signature | | |
| | uned for lead Halfdinio | UE3KIV4 | ELL DI USA IKANVEKS | LIOL HILLS NAS | 111111H° | Trainers Signature. | | |

Person C

Person D

(Trainer: Check

your name here

and sign at right)

use of Class III or IV

chemistry work, etc

lasers, laboratory wet

Person A

Person B

[]